

APPENDIX 13

PRIOR AUTHORIZATION EVALUATION AND TESTING ATTACHMENT

MAIL TO:
EDS
Prior Authorization Unit
Suite 88
6406 Bridge Road
Madison, WI 53784-0088

PA/ETA

**PRIOR AUTHORIZATION
EVALUATION AND TESTING
ATTACHMENT**

1. Complete this form.
2. Attach to PA/RF (Prior Authorization Request Form).
3. Attach additional information if necessary.
4. Mail to EDS.

RECIPIENT INFORMATION

(1)	(2)	(3)	(4)	(5)
Recipient	Im	A	1234567890	72
Last Name	First Name	MI	Medical Assistance Identification #	Age

PROVIDER INFORMATION

(6)	(7)	(8)	(9)
I.M. Provider		(XXX) XXX-XXXX	Discipline (circle one) M.D. Other: <u>Ph.D.</u>
Performing Provider Name	Performing Provider #	Performing Provider Telephone #	

- A. Indicate the type of evaluation being requested and why this evaluation is needed (if this was a referral, indicate who made the referral). Be specific as to how the recipient will benefit from this evaluation.

An in-depth clinical evaluation is requested which may include appropriate psychological tests to determine recipient's competency and need for guardianship. Four months ago the patient suffered her second CVA (stroke) and presents with both confusion and depression. It is necessary to determine the extent of her cognitive impairment in order to determine whether guardianship should be recommended to the court. The recipient will benefit by having appropriate oversight and protection if her competence to act in her own behalf is found to be impaired (especially in medical decisions, which presently is most problematic since she wants to leave the nursing home but cannot give herself the twice daily insulin shots).

(continued on opposite side)

B. Indicate the techniques or instruments that will be used to conduct the evaluation.

An in-depth clinical interview will be the initial step in this evaluation. If the results are unclear, further psychological testing would be done as is appropriate, possibly to include the Hooper V.O.T., Bender, WAIS, aphasia screening, etc.

C. Indicate other evaluations which you are aware of that have been conducted on this recipient in the past two years. Indicate why requested evaluation does not duplicate earlier evaluations.

Eighteen months ago the patient had an in-depth evaluation to determine the reasons for lack of compliance to her diabetic diet. It was determined that she mourned the loss of functioning in her left leg and arm because of her stroke two years ago. With the focus being a situational/adaptional one, she underwent three months of brief psychotherapy since, despite her age, testing showed her to be a good treatment candidate. Therapy was moderately successful as she religiously stuck to her diet following therapy.

J. M. Performing, Ph.D. *MM/DD/YY*

Signature of Performing Provider

Date

Recipient Signature (optional)

Date